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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/558,095 – Conf. No. 2151	
	Filing Date	November 23, 2005	
	First Named Inventor	Daniel MASSICOTTE	
	Art Unit	2616	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission		Attorney Docket Number	64845-225737

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Inventor Declaration <input checked="" type="checkbox"/> Second Information Disclosure Statement & Form PTO/SB/08A <input type="checkbox"/> Claim for Priority and Certified Document <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of 1 Reference (WO 0143302A1)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Robert Kinberg		
Date	September 4, 2007	Reg. No.	26,924

#889290



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/558,095 – Conf. No. 2151
		Filing Date	November 23, 2005
		First Named Inventor	Daniel MASSICOTTE
		Examiner Name	To Be Assigned
		Art Unit	2616
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	64845-225737

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						25	50
Each independent claim over 3 (including Reissues)						100	200
Multiple dependent claims						180	360
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
	- 20 =	x	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
	- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature	<i>Robert Kinberg</i>	Registration No. (Attorney/Agent)	26,924
Name (Print/Type)	Robert Kinberg	Telephone	(202) 344-4000
		Date	September 4, 2007

#889292



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Daniel MASSICOTTE *et al.*

Appln. No. 10/558,095

Confirmation No. 2151

Filed: November 23, 2005

For: MIXED DIRECT-INDIRECT ADAPTATION
PROCEDURE APPLIED TO RECEIVER
FILTER

Art Unit: 2616

Examiner: To Be Assigned

Atty. Docket No. 64845-225737

Customer No.
26694
PATENT TRADEMARK OFFICE

SECOND INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.97, the attention of the Patent and Trademark Office is hereby directed to the document (**B1**) listed on the attached Form PTO/SB/08A, that was cited in corresponding Chinese Application No. WO 0143302A1 on which the above-referenced application is based. A copy of the document is being submitted herewith.

It is respectfully requested that the reference be expressly considered during the prosecution of this application, that it be made of record herein, and appear among the "References Cited" on any patent to issue therefrom.

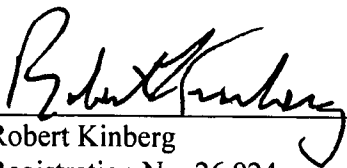
In accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists. In accordance with 37 C.F.R. § 1.97(h), the filing of this Information Disclosure statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

The present Information Disclosure Statement is being filed before the mailing date of the first Office Action on the merits, and therefore no Statement Under 37 C.F.R. § 1.97(e) or fee under 37 C.F.R. § 1.17(p) is required.

Although it is believed that no fee is required for the submission of this Information Disclosure Statement, if a fee is determined to be due, please charge the amount to our Deposit Account No. 22-0261, and advise the undersigned accordingly.

Respectfully submitted,

Date: September 4, 2007


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DC2/889288



PTO/SB/08A/B (09-06)

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/558,095 – Conf. No. 2151
				Filing Date	November 23, 2005
				First Named Inventor	Daniel MASSICOTTE
				Art Unit	2616
				Examiner Name	To Be Assigned
Sheet	1	of	1	Attorney Docket Number	64845-225737

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
/B.P./	B1	WO 01/43302 A1	06-14-2001	TELEFONAKTIEBOLAGET LM ERICSSON		

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached

Examiner Signature	/Brenda Pham/	Date Considered	04/17/2008
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